



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

## NOTICE OF IMPLEMENTATION OF PLAN OF CARE OR PLAN OF CARE AMENDMENT

CLIENT/APPLICANT NAME AND ADDRESS

LEGAL REPRESENTATIVE NAME AND ADDRESS

TO:

FOLD HERE FOR WINDOW ENVELOPE.

Dear :

Enclosed is the completed Waiver Plan of Care or Plan of Care Amendment for your review.

- If you agree with the Plan of Care or Plan of Care Amendment, please sign and return the signature page in the enclosed addressed envelope before .
- If you disagree with the Plan of Care or Plan of Care Amendment, you must request an appeal by . Your current services will be continued during the appeal.
- If the signature page or appeal is not received by , DDD will assume consent and implement the Plan of Care or Plan of Care Amendment as written per WAC 388-845-3070.

If you have questions, please call: \_\_\_\_\_ at \_\_\_\_\_.

Cc: Attach to POC in client file



**NOTICE OF IMPLEMENTATION OF PLAN  
OF CARE OR PLAN OF CARE AMENDMENT**  
Per Chapter 388-02 for DSHS fair hearing rules.

**FOR AGENCY USE ONLY**

☐ **Oral request taken by:**

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

**MAIL TO:** OFFICE OF ADMINISTRATIVE HEARINGS (OAH), MAIL STOP: 42489  
PO BOX 42489  
OLYMPIA WA 98504-2489

**FAX:** 360-586-6563

I request a hearing because I disagree with the following decision by the Department of Social and Health Services (DSHS):

- Explain briefly what DSHS did or did not do; and
- Attach a copy of the notice you are appealing, if possible.

YOUR NAME (PLEASE PRINT)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS OF PERSON REQUESTING HEARING

CLIENT ID NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

☐ MESSAGE PHONE

**I was notified of the decision on:** \_\_\_\_\_ **by:** \_\_\_\_\_  
DATE DSHS OFFICE NAME AND LOCATION

**I want continued assistance, if I am eligible:** ☐ Yes ☐ No **Program:** \_\_\_\_\_

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME

ORGANIZATION

TELEPHONE NUMBER

ADDRESS

STREET

CITY

STATE

ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE

DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? \_\_\_\_\_

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.

**INSTRUCTIONS**

**What is the legal authority for this action?**

The legal authority for this action is WAC 388-845-3020: What happens if I do not sign my plan of care? If DDD is unable to obtain the necessary signature on the plan of care from you or your legal representative, DDD will take one or more of the following actions:

- (1) DDD will continue providing services as identified in your prior POC for up to thirty days after completion of your new POC.
- (2) DDD will attempt to contact you or your legal representative by phone or mail.
- (3) After thirty days, if DDD has not heard from you or your legal representative, DDD will assume consent and implement the new POC with or without your signature or the signature of your legal representative.
- (4) You will be provided written notification and appeal rights to this action to implement the new POC.
- (5) Your appeal rights are in WAC 388-825-0120 through 388-825-0165.

**When would I use this notification?**

This notification is necessary when the legal representative is required to sign the POC but has not responded with either agreement or disagreement to the POC.

**What is the case manager expectation for attempted communication with this person?**

This notice is sent only after other reasonable but unsuccessful attempts to communicate with the person before and during the POC process.

- Use available methods such as the telephone book to get a current telephone number.
- Attempt to call the person before sending this notice to explain the intent of the notification and implementation.
- Document all of these attempts and contacts in the SER.

**Is the notice sent with the POC/POC Amendment?**

Yes, Both the POC and POC Amendment include the appeal rights. Enclose a stamped self-addressed return envelope.

**Is the notice to be sent by certified mail?**

Send the notification and POC by standard delivery and allow 5 days for receipt of mailing.

**How do I calculate the due dates?**

- DDD must provide 30 days advance notice of any change so allow 30 days + 5 days for mailing, based on the estimated mailing date.
- Appeal timeline is 28 days from receipt of notice so allow 28 days +5 days for mailing and receipt.
- Implementation date is same date used for the due date of the signature date in the first bullet.

**What if the person makes an oral request to appeal the POC?**

If the person makes an oral request to appeal the POC, the case manager will complete the request for appeal from the POC and refer the request onto the Office of Administrative Hearings.

**How do I proceed if an appeal to the POC is filed?**

The filing of an appeal stops the implementation of the new POC. Services continue per the previous POC until the final decision is issued in the appeal.